

## Statutory Declaration

I, Ratt, Daisy, Chisasibi, 1953-  
(Name, first name, address, birth date)

I do solemnly declare that,

Meeting by phone on 2018-05-31

Benoit Théoret summarize of the testimony given earlier today.

- You talked first of all, about the quality, the quantity or the absence of communication in the workplace relationship in between the worker and the employer (supervisor or human resources authority). The example you gave was that you have not been able to be informed on the reason why your benefits ranking went from status 1 to status 2.
- The second subject was the mental health care for the frontline workers in mental health to be provided by the organisation as an incentive to keep the workers on the job site as long as possible or for people to apply on that type of job. Maybe some people that would know that it is hard on the mental health would rather stay away from a career that they could have embraced otherwise.

Daisy Ratt: Yes, I think that is what happened with the supervisors I had ... Yet I knew that there was money put in for mental health. The organisation I guess took some to other department. When we first started off with the mental health we were not given that much. That is why probably there was me and the coordinator plus the psychologist and the professionals that were part time money went to them and we could not have another worker until much later on. Maybe that is why the coordinator or the manager they could not have the study title (academic training). I still stayed on I was the only person to get mental health going because I started to know what I was supposed to do with the help of the different coordinators but I stayed on because I knew how much mental health was needed. At first I said: What is mental health you know? Where is mental health? I mean, mental health is everywhere. From birth to old age. All ages and all contexts. I felt maybe that is why it was not a priority for them because they did not understand what mental health was. It's only when I retired that money was put into mental health. My complaint is that I was not treated right.

Declarer signature \_\_\_\_\_

Declared before me, Benoit Théoret 

at over the phone on 2018-~~06-0~~<sup>05-31</sup> 2018

Commission d'enquête sur les relations entre les Autochtones et certains services publics

La présente déclaration statutaire a été présentée par : téléphone , courriel , courrier , en personne  à monsieur/madame Daisy Ratt qui nous confirme que son contenu correspond bel et bien à ce qu'il/qu'elle nous a rapporté(e) en date du 31 mai 2018.  
Signature du déclarant :   
Date : 2018-06-05

Q.1: Could you give us a taste of the course of your professional life?

A.1: I worked for youth protection for about 8 months, in 1996-1997 and then for mental health from 1997 to 2015. In between I was on a sick leave because of stress. Almost towards the end maybe in 2014, because off and on I was on sick leave and finally in August 2014 I was really in a bad shape, stressed out and with depression. The diagnostic was from the doctor, because I was telling him, like I was starting to have health problems like heart palpitations. I did not know it was from stress until the doctor told me I was stressed out. My first sick leave was for 2 months with a subsequent follow up. Before that I had another sick leave for a month somewhere in 2013. I went back to work for a while and they told me not to do counselling for a while. Like, I should not take clients. Because at the same time it was part of my job there as a social worker. I was wearing many hats and sometimes I was the interim coordinator and that is when my supervisor's boss said: "You should take care and look after yourself, so no counselling for 2 years."

When I started progressively back to work 2 or 3 times a week towards the end of my work day I always ended up at the hospital. I did not know what was going on with my heart and nobody really told me that it was stress. I was stressed out. Then, I went into depression. I tried to work the next 5 weeks I think but I kept ending up at the hospital. Then finally, that was the time that I wrote my letter to retire. It was in the morning, I could not really focus but I finished my letter anyway, it was a draft letter. I walked across my office to the hospital, went to see a doctor and that was it. I was telling him what was going on with me and he diagnosed me with a depression. That is when he said: "OK, I am going to put you out, you can't work." It was more work related than personal family issues. I was referred to a psychiatrist in Montreal. I was not admitted. I went to see her and also a psychologist at the same time. At the beginning I was worried about my work and I wanted to go back but they kept extending my sick leave. Finally I got better and I guess I was more concerned about my bills at that time. Once I was more aware, alert and after all the professional help from the psychiatrist and the psychologist. At the same time the residential school was on because I'm a survivor from residential school also. I had to support the survivors in court hearings. So it triggered a lot of things, I think that is part of the reason why I really burned out. The stress symptoms and I was more concerned about my heart. I felt depressed. I could not really focus on what I would do after my retirement. It seems like everything hit on me.

Q.2: It must have been hard for you to have to help people and to support the survivors as you are also one?

A.2: This is why I wanted to have a retreat, go debriefing or go to get help for myself at the same time because I had to be healthy. I know when I started as a frontline and even before that I had to look after myself first in order for me to understand people. I went on a healing journey and then I learned a lot from there on how to work first as a community worker and after in social work. I understand what people are going through and why they go through what they are going through. I know as a helper you can have these at least twice a year retreats you know, depending on the work you do.

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I felt like nobody really cared. Like I had holiday and that is it. It is not supposed to be for taking care of yourself. I had to take those holidays to go retreat. It was not a holiday for me because they would not accept the sick leave for me. Off and on I would go for a small sick leave but only from the doctor. It is only from the doctor when they see the referral that is when they seem to react.

Q.3: Do you think there should have been more precaution taken by the organisation you were working for to prevent you from experiencing the mental health problem that were related to your work?

A.3: Yes, afterward I was thinking there should have been (more precaution) because you know I had triggers from the hearings. Even when you ask for employee assistance program. I did that before and it was the human resources that was supposed to take care of it but I did not get that either. There was a 1-800 number. There were times there was no answer or whatever. I kept telling them that I preferred to see someone face to face. I prefer to see the face instead of talking on the phone. Somebody to be there. I felt that is not the way you should treat your employees. At that time it felt that I could not take some time out because there was so much need in mental health.

Q.4: So you would feel guilty to take time for you?

A.4: Yes. That is why sometimes, if I took holiday like for 2 weeks I would come back earlier. Even when I am not at the work place I still had calls at home. I tried to refer them to somebody but they say I would rather talk to you. At that time and most of the time I could not say no, because I felt that nobody was really supporting me amongst my superiors. I always mentioned and requested more workers, but there was only a few week that someone came to help me up when I was the interim coordinator. I could not understand why my supervisor was taking off like for 6 months at one point. He said he was going to school. He was non-native, maybe he knew how to. Whereas for me when I wanted to have time out, it was not like that. I had to come back or sometimes I was called in even if I was calling sick because I was not feeling well. So that was towards the end of the professional services like you say I was really burning out. They don't really seem to take care of their employees. I had requested this when I got the interview to get this job. I told them that if I am accepted I want the retreat at least every 6 months, but that did not happen, even though they said OK.

So they kept extending my sick leave until finally the psychiatrist... That is how I felt at that time, I felt just like to have a retirement. Nobody seems to listen to me although I left my work. I should just go for retirement if I can't cope with all these things with the pressure and my heart starting to palpitate. That was not health wise for me. The psychiatrist told me to go ahead with my retirement. Like I felt like she was telling me that this was the only way out. The draft that I had made, I finalised it after my sick leave so to be able to get my pension. Up to now I am feeling much better because I was continuing with my professional support from the psychologist and I am healthier.

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Like my background in social work and also residential school supporter, they still call me every now and then for support. I am OK with that now. I feel like taking some small contracts.

My passion was helping people. I had to deal with residential school amongst other things before I started to work in the health sector. I was stronger at the beginning because I guess I was younger. With the time I felt put down, degrade.

I tried not to think about the support I was not getting. Because I was more focus on helping people especially when I was working on the regional level, the communities that I had to cover. There were 9 communities in all. I travelled a lot. There are times when the professionals could not go there right away. I was closer than the professionals so I would go there to help them. Especially with crisis. I felt that from my authority I was not getting much support. I was grateful and thankful that I had these co-workers you know like the psychologist, therapist and counsellors. I was able to talk to them just for a short moment but then I know since I was the supervisor sometimes interim that I could not really share my deep experiences with them I was told that I could not refer to them for personal matters. There was time where I had no choice at that moment and the co-worker did not refuse. The psychologist, therapist I had to go but it was local, by phone sometimes. It helped for a while but I really needed time out and towards the end that is what happen. I know a lot of employee bumed out. I knew because they needed support. I was one of too many that they really wanted to talk. But I could not talk to them I had to refer them to somebody. I had to debrief too. I was also a human being.

In order for a person to help other people is to be healthy. The managers heard that because sometimes we had these meetings. Not just me but other frontline or even other employee to help them understand before bum out. The managers back then could not get it. Then I realised later on, they are not there themselves, they don't know.

Q.5: So what you propose is that they (managers) have the appropriate training to be able to manage in the context of social work or mental health care?

A.5: Yes, because I remember the general manager in our organisation at one point he was a social worker, well his background was in social work he was the one that understood. But they did not want him, because he wanted to support the employees. Maybe they were afraid of something. I know we all do like for me... when I wanted to start a healing journey I was afraid to look into my own skeleton. I did not want to carry this thing around and I started to understand with a lot of training and healing conferences we went, before I started that work. When I work, these people they don't seem to grasp it. They don't seem to understand. I even told the medical. There was only 2 of us that talked about the social issues from my understanding in order for a person to be healthy medically you have to work on the social. Like today there is so much medical issues and I told them if we deal with our social issues. If we help out when people are asking for help and if we support people that are trying to help other people instead of squashing them in between. I know sometimes when

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somebody asks for help and you don't give that service people are going to get mad at you and at the same time with our supervisors there is so much we can do in the middle. Then if you don't get that support it is like you are being squeezed between. That was a hard experience.

Q.6 Were you the one that had to explain to the person that help could not be provided or was it the role of the manager to do so?

A.6: Sometimes I had to tell them (patients) and sometimes I really had to fight for the person to get service. I have seen it at the work place. When you fall back to you old ways, go back to your bad habits. (Relapse). At that point there was a client that was asking for mental help and the NNADAP (National Native Alcohol and Drug Abuse Program) worker was there and she was not really being supportive too. I was interim coordinator. The person wanted to go to a specific treatment center where she knew she could get help. Sometimes this is what happened. It's not the choice of the client. They send you to a service where you don't really want to go. This person was falling off the wagon. I finally said let's do it. Never mind about how much it is going to cost, let's help this person. This is the reason why we are here. To help our clients. That was one of my strong moments. So we did and to this day this person did not fall off the wagon (relapse). Let's listen to our clients. I knew myself that I could sense if this person really wants to do it. Sometimes they had to do it because of some kind of another force that pushes for them to do it. I felt that there was only a few of us in the organisation that could understand and really hardly anybody would listen to us. So that was frustrating and I could understand why my supervisors did not stay long. But I had to, because I was a Cree. I did not want to just leave because these are my people too.

I know it is easy for others to leave because they are not from here or from the Cree nation. It is easy for them to find another job. I could have done that but I did not because I love taking care of people. That is one of the things.

**About the allowance for travel expenses for clients and for workers and the quality of the food in hotel Espresso when attending medical care in Montreal.**

When you are placed in a hotel there is a limit of budget on how much you are allowed to claim for meals for patients and escorts. Especially when patients and escorts are placed in a hotel, the daily allowance is much less than it is for employees on travel expenses. Some clients are diabetics and they need to eat. At a few times I had to pay the extra meals. Some patients don't have much income. Some people found that the allowance did not provide enough food for what was needed. Some people asked me to lend them money because of that. We are working for those people, it should not be like that. They should not treat us as patients like that. In Montreal, people are placed at a hotel called Espresso. We have been complaining as patients or escorts because some food was not good to the health services. On my part I did not know I was experiencing food poisoning. I was escorting a patient and I was sick for 3 or 4 days. I could not really eat. That is when they told me that it was probably food poisoning. I had to stay there for a month as an escort. I complained to

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the complaint officer of the health board. They said it changed (quality of the food) but then it got back to the same after. There was different company at the restaurant (catering, subcontractor) but we native people don't eat that. That kind of spicy, greasy. That is how our food was. I was a patient and I had high cholesterol and that is why I was mentioning the fact that it was too salty and greasy. I had no choice I had to eat there. I had a choice but I did not really wanted to eat at a restaurant, because I did not have money. I was stuck at this hotel. I don't normally eat the same food over and over. After 3 weeks I was starting to get sick. Something was done but then they go back again. I don't know what the hell the board was doing. Telling them not put too much grease or spicy food, salt. I did go back to this hotel it was back to the same situation of bad food quality. One of the patients with a stomach related illness was eating there and she passed away. She got sick and passed away in the hospital. I felt, what if it is the food. Even for me, I don't have that problem and I still experienced what someone thought could have been food poisoning.

Q.7: What you are saying, is that you have to be in an environment for health services but the quality of the food is not the same that you would find in the hospital?

A.7: Yes, like in the hospital it is more OK, you know. I am referring to the Espresso, the one in Val-d'Or it's OK. But just the budget there. As a patient here in my community, I am a diabetic and when I first started to be diabetic these were the cautions I was given. I was surprised. The communication again I guess. How come the people over here they should really look after their patients, like health wise and yet we are set with this greasy, salty and spicy food. Not really adequate for people with health issues. I am the type who doesn't shut up you know. Since Cree patients are treated differently why can't we have our own menu? Especially if you are not well. Some patient are afraid to speak up.

Q.8: If I told you today that you have an appointment in Montreal and that you would have to stay there for a while. The lodging is provided at the Espresso hotel. What is your feeling?

A.8: When I started to be a patient earlier in May, I was told that I would be staying there. I did not. I said no, I am going to stay with my relatives. I have a family in Gatineau, but I still made it for my appointment. I asked them if it was OK, I don't want to stay at the Espresso. The said OK. They do have these allowances for them, but still it is not enough and it is less than what is offered to employees having to travel for work. That is what I don't understand. We are serving the people, this is the reason why we work. Why can't we can't we treat them right? Because we are complaining. We should provide a good service for them. I don't stay in hotels or in a friendship center, I would rather stay in a boarding home or a private home. Because of the experience I went through and what I have heard from patients.

Even when the patients travel in their own vehicle the expenses compensation is less. If they pay my fare by bus to Val-d'Or or Montreal, I am OK. We pay our gas to go on our own vehicle. For example for employees to travel by car it's 40 cents per kilometer, whereas it is lower for patients. Because

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some people are not able to go by plane for example. I ask but they could not really explain. This is one of the things that I did not agree. ... I don't want to live what I have experienced at the Espresso.

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Other story that goes back to the 1980's.

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